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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038977 (0)

1. Corporation Name

CFM RACING TRANSMISSIONS, INC.

Principal Place of Business

4807 NE 12TH AVE
OAKLAND PARK FL 33334

Mailing Address

4807 NE 12TH AVE
OAKLAND PARK FL 33334-4803

3. Date Incorporated or Qualified

05/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 4811 NE 12TH AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 4811 NE 12TH AVE
Suite, Apt. #, etc.

4. FEI Number

65-0660987

Applied For

Not Applicable

22 City & State

23 Oakland Park, FL
Zip Country

24 33334

25 USA

27 City & State

28 Oakland Park, FL
Zip Country

29 33334

30 USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

GATLIN, MICHAEL
8710 PASADENA BLVD
PEMBRIKE PINES FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael J. Gatlin Pres. Michael J. Gatlin

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

4-12-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GATLIN, MICHAEL
STREET ADDRESS 8710 PASADENA BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33324

TITLE D ☐ DELETE
NAME GREEN, ANDREW
STREET ADDRESS 8710 PASADENA BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Gatlin Pres. Michael J. Gatlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-16-97

854-776-9005
Daytime Phone #

0 10100

CR2E034 (9/96)